

# STATEMENT OF CLAIMANT FORM

## FOR OTHER USE

LOWER GILA RIVER WATERSHED  
SUPERIOR COURT OF MARICOPA COUNTY

*For Departmental Use Only*

File No. 39- \_\_\_\_\_

Date Filed: \_\_\_\_\_

WFN: \_\_\_\_\_

1. **Claimant Name:** \_\_\_\_\_  
Claimant Address: \_\_\_\_\_ City \_\_\_\_\_  
State \_\_\_\_\_ Zip Code \_\_\_\_\_ Telephone \_\_\_\_\_

2. **Basis of Claim:**

- A. Appropriation Right acquired prior to June 12, 1919. 1974 Water Rights Registration Act Registry No. \_\_\_\_\_
- B. Appropriation right acquired after June 12, 1919. Application No. \_\_\_\_\_ Permit No. \_\_\_\_\_, or Certificate of Water Right No. \_\_\_\_\_
- C. Decreed water right. Principal litigants, court, date and Case No. \_\_\_\_\_
- D. Right to withdraw groundwater. Grandfathered Right No. \_\_\_\_\_
- E. Other, describe: \_\_\_\_\_

3. **Claimed Priority Date:** \_\_\_\_\_ (month/day/year)

4. **Use:**

- |  |                                |
|--|--------------------------------|
| A. Municipal                                 | E. Recreation, Fish & Wildlife |
| B. Commercial or Industrial                  | F. Other, describe: _____      |
| C. Mining                                    | _____                          |
| D. Stockwatering other than from a stockpond | _____                          |
|  | _____                          |

5. **Source of Water:**

- A. Stream: Name \_\_\_\_\_, tributary to \_\_\_\_\_
- B. Spring: Name \_\_\_\_\_, tributary to \_\_\_\_\_
- C. Lake or Reservoir: Name \_\_\_\_\_, tributary to \_\_\_\_\_
- D. Groundwater

6. **Legal description of the Point of Diversion** (attach additional sheet if required):

\_\_\_\_\_ ¼, \_\_\_\_\_ ¼, \_\_\_\_\_ ¼, Section \_\_\_\_\_, Township \_\_\_\_\_ N / S, Range \_\_\_\_\_ E / W

7. **If there are Irrigation, Domestic or Stockpond Uses also supplied from the point of diversion, describe:**

\_\_\_\_\_

8. **Means of Diversion:**

- A. Instream pump
- B. Gravity flow into a ditch, canal or pipeline
- C. Well: Arizona Department of Water Resources Well Registration No. 55- \_\_\_\_\_
- D. Other, describe \_\_\_\_\_

**9. Means of Conveyance:**

- A. Ditch, canal or pipeline. If the means of conveyance is owned and/or operated by some other entity, please give name and address: \_\_\_\_\_
- B. Other, describe: \_\_\_\_\_

**10. Place of Use, if other than point of diversion** (attach additional sheet if required):

County \_\_\_\_\_

Legal Subdivision	Section	Township	N/S	Range	E/W
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____
_____	_____	_____	_____	_____	_____

**11. Claimed Right:**

- A. Maximum Flow Rate: \_\_\_\_\_ cubic-feet per second  
\_\_\_\_\_ gallons per minute  
\_\_\_\_\_ Arizona miner's inches
- B. Annual Volume of Water Use: \_\_\_\_\_ acre-feet
- C. Storage Right: \_\_\_\_\_ acre-feet

**12. Attach** photographs, maps or sketches necessary to show the point of diversion, storage reservoir(s) place(s) of use and means of conveyance.

**13. It may** be necessary for a representative from the Department of Water Resources to inspect the diversion, conveyance and place of use. Your signature following will grant permission to enter your property for the purpose of inspection: Signature of Claimant \_\_\_\_\_

**14. Should** it be necessary for a representative of the Department to contact you as the claimant or your representative, are there any special instructions regarding time of day or address to aid in locating the specified person? \_\_\_\_\_  
\_\_\_\_\_

**15. Additional comments:** \_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(attach additional sheet if required)

**16. Attach filing fee to form.** Mail form(s) and fee(s) to: Department of Water Resources, Adjudications Division, 1802 W. Jackson St., BOX 79, Phoenix, AZ 85007

**17. Notarized Statement:**

I (We), \_\_\_\_\_  
the claimant(s) named in this claim, do hereby certify under penalty of perjury, that the information contained and statements made herein are to the best of my (our) knowledge and belief true, correct and complete.

(seal)

\_\_\_\_\_  
My Commission Expires

\_\_\_\_\_  
Notary Public

or, \_\_\_\_\_  
Authorized Personnel of the Department of Water Resources